

CPR FAQs

Cardio- Pulmonary Resuscitation (CPR)

This leaflet gives St Raphael's patients information about cardiopulmonary resuscitation (CPR).

We understand that talking about the kind of care you would like to receive when you are less well can be difficult, but these conversations are vitally important to ensure that you receive treatment that is in line with your wishes and that is clinically appropriate.

Will CPR be discussed with me?

Generally, we will discuss resuscitation with every patient we see at home or when a patient is admitted to the Hospice Inpatient Unit. The only time we would not discuss resuscitation directly with you is if we felt doing so would cause you significant psychological harm, or if you tell us you do not wish to discuss it.

For most of the population, when our heart and breathing stops this will be part of the normal dying process rather than due to a reversible cause. In this situation CPR will not help and would not be considered the right thing to do.

What is CPR?

CPR is an emergency treatment which attempts to restart a person's heart and breathing when these suddenly stop. This is known as cardiopulmonary arrest.

CPR does not refer to other acute treatments such as antibiotics or intravenous fluids.

CPR may involve:

- ‘Mouth-to-mouth’ or ‘mask-to-mouth’ breathing
- Chest compressions - pushing down firmly on the chest repeatedly
- Defibrillation – special machines known as defibrillators may be used to deliver electric shocks to the heart – only certain types of cardiac arrest respond to this
- A tube placed in the windpipe, or if in hospital, a bag or a machine can be used to pump oxygen into the lungs

How successful is CPR?

Sometimes the media represent CPR as being very successful. However, CPR usually only works in specific situations, such as in people who were previously well and experience an abnormal heart rhythm which will respond to electric shock treatment (defibrillation).

The proportion of people who survive cardiopulmonary arrest in hospital following CPR is in the range of 15-20%. Where cardiopulmonary arrest occurs at home, the average survival rate is lower, usually 5-10%.

It is worth noting that these are average statistics taken from the general population. Research has shown that people with progressive life-limiting conditions rarely fully recover from attempts to restart their heart.

Are there side effects or complications after CPR?

The process of CPR can sometimes cause broken ribs or internal bleeding. Anyone who is successfully revived will remain unwell and require more treatment, usually in an intensive care unit. If your heart and breathing stops with a pre-existing medical problem, it is unlikely you will make a full recovery. In general, most people never recover to the same level of physical or mental health as before a cardiopulmonary arrest.

Who is responsible for the decision?

The ultimate responsibility for the decision rests with the senior clinician caring for you. At home this will be your GP, or your hospice consultant or hospice specialist nurse / practitioner. In the Hospice Inpatient Unit, this will be the consultant responsible for your care. Like any medical treatment, CPR will not be attempted if it will not work or if the potential harms are greater than the benefits.

If I am too ill to discuss CPR can my family or friends decide for me?

It is the doctor's legal responsibility to decide what is best for you medically if you are too sick to make decisions for yourself. However, the medical team will discuss any decisions regarding resuscitation with those important to you. If there are particular people who you do (or do not) want to be consulted, please let your doctor or nurse know.

If there is a valid Lasting Power of Attorney for health, the person acting for you will be consulted but it is important to know that they cannot insist on CPR being tried if the clinical team believe that it is not an appropriate treatment for you.

What if I don't want to talk about this or think about this now?

People differ in the amount of information they would like to receive about their illness. We like to offer everyone the chance to discuss things, however if talking or thinking about CPR at the moment is too difficult please tell your doctor or nurse. If you are under the care of the Hospice, our clinical team will make a clinical decision about what is right for you. As long as you are happy for us to do so, we will discuss any decisions made with those important to you.

If there is no CPR decision recorded and my heart and breathing stops, what will happen?

In the Hospice, the clinical team in charge of your care will make a judgement at the time and will perform CPR if they think it will be successful. They will not attempt CPR if they believe it will not work. The final decision rests with a senior doctor or nurse. If you are at home and an ambulance is called, the paramedics will attempt to restart your heart and breathing unless there is a Do Not Attempt CPR (DNACPR) form or unless it is clear that it will not work. They may consult a senior doctor for advice.

What happens if I am unhappy with the decision?

Although nobody can insist on having treatment that the medical team feel will not work, if you are unhappy with a decision, our team can arrange for a second medical opinion if you would like one.

I've heard of people who are 'not for resuscitation' who are just abandoned and not given any treatment at all. Will this happen to me?

Definitely not. If we feel that antibiotics or other treatments in the Hospice or in hospital may help you, we will discuss these with you in the most appropriate way.

How are decisions recorded?

CPR decisions are recorded in the Hospice electronic notes. With your consent, decisions can also be shared electronically with other professionals via your Urgent Care Plan, this can be accessed by out of hours health services and London Ambulance Service. If a decision has been made that CPR will not work for you, or you have decided that you would not wish to undergo CPR, a paper form called a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order is used to alert hospice staff, ambulance crews and other professionals in an emergency. A healthcare professional signs this (you and

your family do not need to sign anything). Once the form has been discussed with you and/or those important to you, we recommend that you keep it safe and carry it with you if you are admitted to hospital or the Hospice.

I know that I don't want anyone to try to resuscitate me. How can I make sure that they don't?

As with all treatments, you are entitled to decline CPR and any healthcare team must follow your wishes. The easiest way to make sure your wishes are known is to tell your doctor or nurse. They will make sure that you have the correct paperwork and that a note is made in your medical records.

Some people choose to make a more formal record of their wishes. This can be done by completing an Advance Care Plan or creating an Advance Decision to Refuse Treatment (ADRT), sometimes known as a living will.

If you would like more information on this please ask a member of the clinical team and we will be happy to help.

This leaflet has been prepared in accordance with: the 2016 joint guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing: <https://www.resus.org.uk/library/additional-guidance/guidance-dnacpr-and-cpr-decisions> and the Mental Capacity Act (2005): <https://www.legislation.gov.uk/ukpga/2005/9/contents>

Another useful NHS resource called 'Do not attempt cardiopulmonary resuscitation (DNACPR) decisions' can be found online at: <https://www.nhs.uk/conditions/do-not-attempt-cardiopulmonary-resuscitation-dnacpr-decisions/>



**For further
assistance
and advice**

Contact us

If you would like more advice or support
please contact St Raphael's Hospice
on **020 8099 7777**

St Raphael's Hospice
London Road, Cheam
SUTTON SM3 9DX

www.straphaels.org.uk

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